## DEPARTMENT OF DISABILITIES, AGING AND INDEPENDENT LIVING

Division of Licensing and Protection 103 South Main Street, Ladd Hall Waterbury, VT 05671-2306 http://www.dail.vermont.gov Voice/TTY (802) 241-2345

To Report Adult Abuse: (800) 564-1612

Fax (802) 241-2358

August 24, 2011

Mr. Steven Doe, Administrator Our Lady Of The Meadows 1 Pinnacle Meadows Richford, VT 05476

Provider ID#: 0197

Dear Mr. Doe:

Enclosed is a copy of your acceptable plans of correction for the survey and complaint investigation conducted on August 2, 2011. Please post this document in a prominent place in your facility.

We may follow-up to verify that substantial compliance has been achieved and maintained. If we find that your facility has failed to achieve or maintain substantial compliance, remedies may be imposed.

Sincerely,

Pamela M. Cota, RN

**Licensing Chief** 

PC:ne



Division of Licensing and Protection RECEIVEL STATEMENT OF DEFICIENCIES Division of (X3) DATE SURVEY (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION COMPLETED IDENTIFICATION NUMBER: A. BUILDING AUG 17 1 B. WING <del>Licon</del>sing and 0197 08/02/2011 Protection NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1 PINNACLE MEADOWS **OUR LADY OF THE MEADOWS** RICHFORD, VT 05476 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PRÉFIX **PREFIX** REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG TAG DEFICIENCY) R100 Initial Comments: R100 An offsite investigation was conducted by the R116 -Division of Licensing and Protection on 8/2/11. 8/11/11 **Action:** For all future cases R116 V. RESIDENT CARE AND HOME SERVICES R116 SS=D requiring emergency discharge, as 5.3 Discharge and Transfer Requirements determined by the Administrator, 5.3.b Emergency Discharge or Transfer of that do not necessitate intervention Residents by the police, mental health crisis (1) An emergency discharge or transfer may be personnel, or emergency medical made with less than thirty (30) days notice under services personnel the the following circumstances: Administrator, or their designee, will i. The resident's attending physician documents first contact the Division of Licensing in the resident's record that the discharge or transfer is an emergency measure necessary for and Protection for permission to the health and safety of the resident or other execute the emergency discharge. residents: or ii. A natural disaster or emergency necessitates Measures: Nursing staff and other the evacuation of residents from the home; or Management personnel have been iii. The resident presents an immediate threat to reminded of this requirement and the health or safety of self or others. In that future reminders will be included in case, the licensee shall request permission from the licensing agency to discharge or transfer the routine management meetings. resident immediately. Permission from the licensing agency is not necessary when the Monitoring: The Administrator will immediate threat requires intervention of the monitor compliance. police, mental health crisis personnel, or emergency medical services personnel who render the professional judgement that discharge or transfer must occur immediately. In such cases, the licensing agency shall be notified on the next business day; or iv. When ordered or permitted by a court. This REQUIREMENT is not met as evidenced Division of Licensing and Protection TITLE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

STATE FORM

Z 2V/

Adrianna To 8/11/11

If continuation sheet 1 of 2

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION			(X3) DATE SURVEY COMPLETED  C  08/02/2011	
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OUR LADY OF THE MEADOWS			1 PINNAC	ADDRESS, CITY, STATE, ZIP CODE  IACLE MEADOWS				
RICHFORD, VI 05476								
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETE DATE		
R116	REGULATORY OR LSC IDENTIFYING INFORMATION)		R116					

ZVYE11